

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>DA</i>		2-27-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	<i>10-18-03</i>
Original	<i>5-19-03</i>
1	✓ ✓ ✓
2	✓ ✓ ✓
3	✓ ✓ ✓
4	✓ ✓ ✓
5	✓ ✓ ✓
6	✓ ✓ ✓
7	✓ ✓ ✓
8	✓ ✓ ✓
9	✓ ✓ ✓
10	✓ ✓ ✓
11	✓ ✓ ✓
12	✓ ✓ ✓
13	✓ ✓ ✓
14	✓ ✓ ✓
15	✓ ✓ ✓
16	✓ ✓ 0
17	✓ ✓ ✓
18	✓ ✓ ✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	✓ ✓ ✓
25	✓ ✓ ✓
26	✓ / 0
27	✓ / 0
28	✓ / 0
29	✓ ✓ 0
30	✓ ✓ 0
31	✓ ✓ 0
32	✓ ✓ 0
33	✓ ✓ 0
34	✓ ✓ 0
35	✓ ✓ ✓
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37	✓ ✓ ✓
38	✓ ✓ 0
39	✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here